UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

2000 2000 Pice of SALE OF SECURITIES ĽÚŘSUANT TO REGULATION D, SECTION 4(6), AND/OR ORM LIMITED OFFERING EXEMPTION

· OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	April 30, 2008					
Estimated ave	rage burden					
hours per respo-	nse16.00					

SEC USE ONLY						
Prefix	Serial					
D/	ATE RECEIVE	ED				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section  Type of Filing: Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	05068188
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  GraniteEdge Networks, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Co 10900 NE 8 <sup>th</sup> Street, Suite 450 Bellevue, WA 98004	Telephone Number (Including Area Code) (425) 452-1334
Address of Principal Business Operations (Number and Street, City, State, Zip Co (if different from Executive Offices)  Same as above	ode) Telephone Number (Including Area Code) Same as above
Brief Description of Business Network security software	PROCESSED
Type of Business Organization    Corporation	ther (please specify): OCT 12 2005
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Estimated State:  DE

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

> > ORIGINAL

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Hines, Ph.D., Kenneth Business or Residence Address (Number and Street, City, State, Zip Code) 110 - 110th Avenue NE, Bellevue, Washington 98004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Ortega, Ph.D., Ross B. Business or Residence Address (Number and Street, City, State, Zip Code) 110 - 110th Avenue NE, Bellevue, Washington 98004 □ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Slatt, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 1312, Seahurst, Washington 98062 Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Stewart Lucinda Business or Residence Address (Number and Street, City, State, Zip Code) 1010 Market Street, Kirkland, Washington 98033 □ Director Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Nichols, Carl Business or Residence Address (Number and Street, City, State, Zip Code) 135 Main Street, Suite 1350, San Francisco, California 94105 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) OVP Venture Partners VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1010 Market Street, Kirkland, Washington 98033 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) MIC VII Capital, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 18500 Edison Avenue, Chesterfield, MO 63005

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Check Box(es) that Apply: ☐Promoter ☐Beneficial Owner ☐Executive Officer ☐Director ☐General and/or  Managing Partner
Full Name (Last name first, if individual) Outlook Ventures III LP
Business or Residence Address (Number and Street, City, State, Zip Code) 135 Main Street, Suite 1350, San Francisco, California 94105
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

					B. IN	FORMAT	ION ABO	UT OFFER	ING	laye B			
1.	Has the	e issuer sole	d, or does th	e issuer inte	end to sell t	o non-accre	edited inves	tors this offe	ering?			Yes	No ⊠
••	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors this offering?							. 🖵	<u> </u>				
2.	· · · · · · · · · · · · · · · · · · ·							\$ N/A					
٤.	2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3. 4.									offering.  h a state	. 🖾			
			, you may se						are associa	ned persons	or such		
Full	l Name (	Last name	first, if indiv	vidual)									
Bus	iness or	Residence	Address (N	umber and S	Street, City,	State, Zip	Code)						
Nar	ne of As	ssociated Bi	roker or Dea	ıler									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
	(Che	eck "All Sta	ites" or chec	k individual	States)							🗆 A	All States
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	MS OR	ID MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	l Name (	(Last name	first, if indiv	vidual)									
Bus	siness or	Residence	Address (N	umber and S	Street, City,	State, Zip	Code)						
Nar	ne of As	ssociated Bi	roker or Dea	iler			u			• • • • • • • • • • • • • • • • • • • •			
Stat	tes in W	hich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers				-		
	(Che	eck "All Sta	ites" or chec	k individua	l States)								All States
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	(Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	umber and S	Street, City,	State, Zip	Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
	(Cne	AK AII Sta	AZ	AR	CA CA	СО	СТ	DE	DC	FL	GA	HI /	All States
	IL I	[N]	IA	KS	KY	LA	ME	MD	MA .	MI	MN	MS	MO
	$\equiv$												<u></u>
	MT RI	NE SC	NV SD	TN	TX	NM UT	NY VT	NC VA	ND WA	он wv	OK WI	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already

	·	Aggregate	Amount Alrea	ıdy
	Type of Security	-	Sold	
	Equity \$		_ \$	
	Common Preferred			
		Security		
	Partnership Interests		\$	_
	Other (Specify)		\$	
	Total	6,700,000.00	\$ 6,609,212.8	<u>32</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;		
			Aggregate Dollar Amou of Purchases	nt
	Accredited Investors	6	\$ 6,609,212	.82
	Non-accredited Investors	0	s0	.00
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering		Dollar Amo Sold	unt
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		s0	.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	·		
	Transfer Agent's Fees		] \$	
	Printing and Engraving Costs		] \$	
	Legal Fees	🗵	\$ 75,000	.00
	Accounting Fees		] \$	
	Engineering Fees		] \$	
	Sales Commissions (specify finders' fees separately)		] s	_
	Sales Commissions (specify finders' fees separately)		]	

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	C. OFFERING PRICE, NUMI	BER OF INVESTOR	S, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This d	ifference is the "adjusted gross		s_6,534,212.82
	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part C	y purpose is not known f the payments listed	own, furnish an estimate and must equal the adjusted gross	l	
		·		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			□ s	s
	Purchase of real estate			□ s	_
	Purchase, rental or leasing and installation of mach and equipment			□ <b>\$</b>	☐ \$
	Construction or leasing of plant buildings and faci	lities		s	<b>S</b>
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of ar	nother	□ s	s
	Repayment of indebtedness				
	Working capital Other (specify):	••••••		∐ \$	
	Other (specify):			∟\$	L \$
				<b>S</b>	S
	Column Totals			\$\$	⊠ s <u>6,534,212.82</u>
	Total Payments Listed (column totals added)	•••••••••••••••••••••••••••••••••••••••		<b>⊠</b> \$_	6,534,212.82
		D. FEDERAL S	CNATIER		
igi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accre	rish to the U.S. Secu	irities and Exchange Commis	sion, upon writt	en request of its staff,
	ner (Print or Type) aniteEdge Networks, Inc.	Signature		Date October 6	, 2005
	ne of Signer (Print or Type) nig Sherman	Title of Signer (Pr Secretary	int of Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)